

Case Number:	CM14-0147330		
Date Assigned:	09/15/2014	Date of Injury:	04/29/2003
Decision Date:	10/16/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48 year old female who sustained a work related injury 04/29/2003 to her right hand and arm. Progress report dated 08/12/2014 states the patient presented with complaints of neck strain and chronic pain. On exam, she has tense muscles present and decreased range of motion to the right and extension of her head. She has decreased strength bilaterally, right greater than left. The patient is diagnosed with neck strain and prescribed Norco 10/325 mg and Skelaxin 800 mg as her Zanaflex was discontinued. Prior utilization review dated 08/23/2014 states the request for Norco 10/325MG #180 is not certified; and Skelaxin 800mg #90 is modified to certify Skelaxin 800 mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for use of opioids, Page(s): 76-96.

Decision rationale: The above MTUS guidelines regarding on-going management of opioids states "Ongoing review and documentation of pain relief, functional status, appropriate

medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, note from 8/12/14 does not address the "4 A's" as above. The note merely states "MEDS ARE WORKING WELL WHEN THEY ARE AVAILABLE" and there is no ongoing documentation of the 4 A's. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Skelaxin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Page(s): 63.

Decision rationale: The above MTUS guidelines regarding muscle relaxants states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the patient is noted to have been on skelaxin since at least 5/2014 and zanaflex from at least 12/2013, which is beyond the "short-term treatment" as recommended by the guidelines. There is no documented history for further indication to continue the medication, nor is there any documentation of improvement in pain or function with its use. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.